

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/744515	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1												
2		1											
3		1											
4		2											
5		0											
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TOTAL IND.	1												
TOTAL DEP.	14												
TOTAL CLAIMS	15												

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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U.S. DEPARTMENT OF COMMERCE
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